

## PATIENT

Coco Webber

## SPECIES

Canine

## BREED

Mixed Breed

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

15.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Camille Petrizzo

## HOSPITAL NAME

Greater Staten Island  
Veterinary Services

## REFERRING VET

Dr. Camille Petrizzo

## INVOICE

15278

## DATE

04/21/26

## PRESENTING CLINICAL SIGNS

Hx of elevate LES x 1 year. Otherwise doing well at home- no concerns

Abnormal PE/Chem/CBC/UA Results: On PE distended abdomen, otherwise within normal limits  
Bloodwork 4/13: AST 119 (15-66) ALT 529 (12-118) ALKP 409 (5-131) 3/12: alt 370 (12-118) ALKP  
495 (5-131)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No obvious pathology in the area of the residual prostate.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland measured 0.55 cm width at the caudal pole.

### *Spleen*

The spleen presented enlarged in size with mildly expansive nonhomogenous cystic to cavitated mid splenic mass measuring approximately 3.0 cm in diameter.

### *Liver & Gallbladder*

The liver revealed generalized hepatomegaly with normal vascular volume. An asymmetrically large mixed echogenic mass was present occupying a majority of the mid liver parenchyma measuring at least 10.0 cm in diameter. Subjective separate peripheral peri-mass intraparenchymal nodules were present.

The gallbladder was non distended in size with hyperechoic striated yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact subjective prominent wall layering exhibiting borderline altered wall layer ratio and segmental mild duodenojejunal corrugation. Empty lumen without obstructive pattern to the level of the colon.



## PATIENT

Normal visible colon wall layers were present with soft fecal matter.

Coco Webber

## *Pancreas*

## SPECIES

The right pancreas presented prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma.

Canine

## *Free Abdomen*

## BREED

No obvious visualized significant omental lymphadenopathy was present. A moderate volume of effusion and generalized omental hyperechogenicity.

Mixed Breed

## SEX

- Hepatomegaly with large mid liver mass and separate intraparenchymal nodule.
- Striated nonorganized gallbladder debris- not consistent with typical mature mucocele.
- Splenic mass.
- Nonspecific enteropathy pattern.
- Edematous versus inflamed right pancreas.
- Peritoneal effusion.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosplenic neoplastic criteria is met with considerations including multicentric sarcoma, carcinoma, or other with potential for mixed etiologies. Effusion secondary to hepatopathy/portal hypertension or hemoabdomen, assuming normal albumin levels and without hepatic congestion is possible.

Further assessment may include (assuming normal clotting status) hepatosplenic mass FNA cytology and correlation with effusion analysis. Although no current clinical signs, long-term prognosis is considered unfavorable with, um suspect concurrent non-specific possibly emerging intestinal disease.

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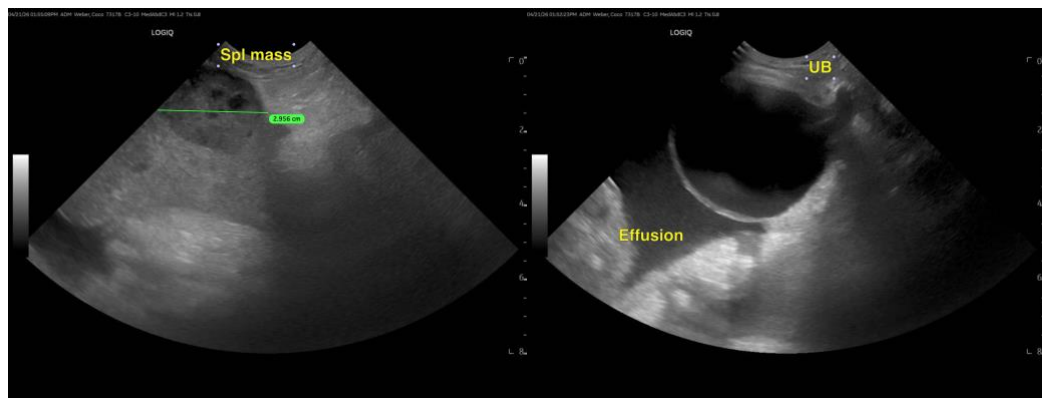
Dr. Camille Petrizzo

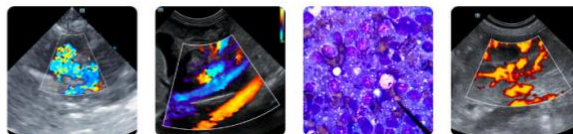
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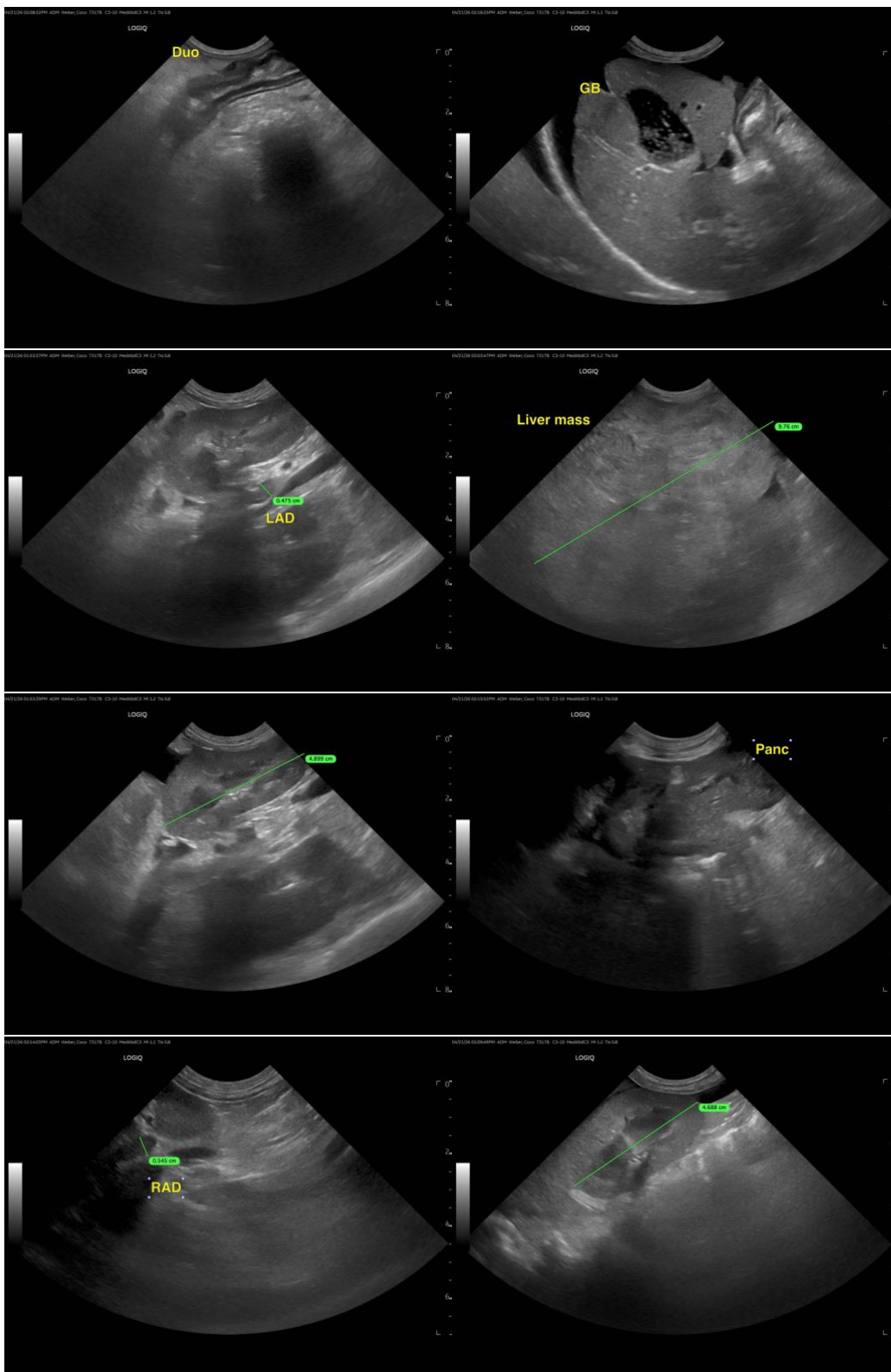
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)